THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. X.] WEDNESDAY, JUNE 25, 1834. [NO. 20.

OBSERVATIONS ON DIAGNOSIS.

BY JOHN EBERLE, M.D.

NOTHING so much distinguishes the experienced and truly well-qualified physician from the mere hap-hazard recipe doctor and routinist, as the ability to estimate correctly the import of symptoms, to trace their various relations with each other, and to determine from them the seat, nature and extent of maladies. The number of those who are remarkable for accuracy in diagnosis, is always very small; for eminent proficiency in this respect, can be obtained only by persevering observation and study, aided by a minute and comprehensive acquaintance with physiology and pathology.

Diagnosis embraces a much wider range of inquiry, than that which is presented by the actual phenomena of diseases. It is not alone from morbid symptoms, that the intimate character and tendency of diseases can always be satisfactorily determined. Age, sex, moral and physical temperament, climate, occupation, habit of living, corporeal conformation, previous diseases, hereditary predisposition, and the character of the predisposing and exciting causes, often afford important aid in the formation of a correct diagnosis. In chronic diseases, especially, the light which may be obtained from circumstances of this kind is frequently of the utmost importance in this respect.

The manner in which patients are examined, also, has a direct and important bearing on diagnosis. A confused, desultory or immethodical mode of investigating the symptoms of diseases, and the various circumstances which may have contributed to determine their characters, seldom leads to a clear and precise diagnosis. Indeed, the manner in which a physician examines his patients, affords no inconsiderable criterion for judging of his practical qualifications. Method, regularity and deliberation, in this respect, are almost always associated with skill in diagnosis, and consequently in the treatment of diseases.

The first objects which strike the attention of the physician, on approaching a patient, are his *countenance*, *attitude*, *motions*, and *voice*. It is natural, therefore, to commence the examination with these symptoms. In many instances, these external conditions of the patient afford very important information as to the nature and seat of maladies; and in no case, perhaps, can they be entirely neglected without losing very useful suggestions in relation to the diagnosis.

The countenance should be deliberately and closely examined, and its deviations from the healthy aspect and expression noticed. Many diseases are attended with expressions of countenance so peculiar and striking, that they may be at once recognized by the observant and experienced physician. The *attitude*, *motions*, and external condition of the patient's body, must, also, be particularly noticed. The degree of emaciation—the color and condition of the skin, and the general physical habit and conformation, should be observed. The various regions of the body should be carefully examined, more especially in diseases of a chronic and obscure character. In some general maladies, such as scurvy, syphilis, scrofula, &c., the ecchymoses, glandular indurations, eruptions, blotches, exostoses, nodes, &c., afford the most important diagnostic evidences. Old cicatrices, too, merit particular attention; especially when seated along the neck and in the groins. The former almost always indicate a scrofulous diathesis, whilst the latter afford good grounds for suspecting the existence of a syphilitic taint. The existing disease, for which the physician is called to prescribe, may have a very intimate connection with one or the other of these maladies or constitutional taints; and as patients are apt to neglect giving proper information on this subject, or even seek to conceal the fact of their having been affected with such a disease, these old marks or cicatrices are sometimes of essential service to a full and satisfactory investigation of the case under examination.

Having attended to these external circumstances, the examination of the case must be pursued by *interrogating* the patient. The manner in which the examination is conducted, is of great importance. A careless, irregular and hurried, or a peevish, fretful, and impatient manner of examining, seldom fails to lessen the good will and confidence of the patient for his medical attendant; whilst a mild, deliberate, earnest and interested deportment, not only gains the patient's confidence and respect, but contributes very materially to a full development and correct understanding of the nature of the malady. The questions should always be proposed in terms perfectly intelligible to the patient; and when there is reason to doubt whether the interrogatory has been correctly apprehended, it should be repeated in different terms. The employment of a pompous and technical phraseology, is more apt to excite the contempt and distrust of intelligent patients, than to draw forth correct and satisfactory responses.

It is of considerable consequence also to follow a determined and regular order in the questions put to the patient. Without a proper attention to order or method in this respect, important questions are apt to be forgotten, and some which have already been proposed and answered, uselessly repeated. Although the interrogatories should be sufficiently numerous and varied to obtain a full view of the symptoms and feelings of the patient, and of the circumstances which may have contributed to the development and modification of the disease, yet trivial and irrelevant questions should be avoided.

The following order of inquiry appears to me the most natural and advantageous. 1. Ascertain the *age*, *occupation*, and *place of residence* of the patient. In many instances, indeed, these circumstances, more especially the last, can have no useful bearing on the diagnosis: but this is by no means always the case; for, in some cases, very important diagnostic and practical suggestions may be obtained from a careful consideration of these facts. 2. Inquire next at *what time* the disease commenced; whether it came on gradually or suddenly; whether the existing symptoms differ from those which attended the disease at an earlier period; whether the progress of the complaint is continuous or paroxysmal, constant or occasional, uniform or attended with exacerbations and remissions; whether, in the course of the disease, new symptoms have supervened, and former ones disappeared, and whether the permanent symptoms have increased much in violence since the commencement of the complaint. Correct information in relation to these circumstances is often indispensable to a satisfactory diagnosis. "In many instances, indeed, the *succession* and general progress of the symptoms afford more useful data for the formation of a correct diagnosis, than a consideration of the symptoms existing at the time of examination. Unfortunately, the majority of patients are incapable of giving a proper account of the early symptoms and progress of their maladies; and the physician is thus frequently deprived of the light which a correct and circumstantial exposition of the preceding symptoms and course of the case might afford." 3. The patient should now be asked whether he experiences any pain, and if so, in what part of the body. He should be directed to place his hand on the region in which the pain is felt; for patients are apt to express themselves very vaguely and incorrectly in relation to the part in which the pain is seated. Thus we are often told that pain is felt in the *stomach;* yet when the region is pointed out with the hand, it is, perhaps, found to be seated in the lower part of the abdomen or within the chest. Inquiry must also be made whether the pain be acute or darting; dull or aching; stinging or burning, or throbbing;—whether it be deep seated or superficial, continuous or intermitting, wandering or fixed, transient or protracted; and, if intermitting or paroxysmal, whether its occurrence be periodical or at irregular and uncertain intervals. Pressure should be made on the part in which the pain is located, and its effects carefully noticed; and it is particularly important to ascertain whether there is soreness or tenderness to pressure, in certain organs or regions of the body, more especially in the various regions of the abdomen; although the patient may not complain of any pain in these parts, when undisturbed by pressure. It will also be proper to ascertain whether the affected parts are swollen, discolored, or any other way changed from their normal or healthy appearance and conformation. 4. The state of the sanguiferous system should next be inquired into. The *pulse* must be attentively and deliberately examined; and in doing this, attention must be paid to the circumstance that the pulse of an infant, during the first three or four weeks after birth, beats between 120 and 130 strokes in a minute, and that its natural frequency undergoes a gradual reduction as age advances, until about the age of puberty, when it arrives at the standard of a healthy adult pulse, namely, from about 72 to 80 pulsations in a minute. It should be observed, too, that *climate*, the time of day, corporeal exertion, position of the body, and mental emotions or exercise, exert, often, a very material influence on the state of the pulse. In the morning, whether in health or disease, the pulse is generally considerably slower and softer than after dinner or towards evening. In feeble and nervous individuals, we often find the pulse much more frequent when they are standing up, than when in a recumbent position. In this case the muscular exertion required to maintain the erect posture operates on the circulation in the same way as exercise, and therefore accelerates the action of the heart and arteries. Nothing, however, is so apt to give rise to a wrong estimate of the state of the pulse, as that mental excitement and flurry which feeble and irritable patients are apt to experience on the entrance of the physician into the sick chamber. I have frequently found a difference of more than twenty pulsations in a minute, between an examination made immediately after entering the room, and a second one some ten or fifteen minutes afterwards. It is therefore an important rule, to delay examining the pulse until the agitation of the patient's mind has subsided. By introducing the examination with some encouraging and cheering remarks, and proceeding in the order already mentioned, there can seldom be any risk of mistake from this source, as to the actual state of the pulse. In examining the pulse, the patient's arm should be held in a horizontal and semi-flexed position. Two or three fingers must be applied to the artery, and the pressure gradually varied in force, in order to form a correct estimate of the degree of tension, vigor, hardness or compressibility of the pulse. Thirty or forty pulsations, at least, ought to be felt, before the fingers are taken off. It is not uncommon, in certain obscure cerebral affections, to find an intermission in the pulsations, at intervals of from ten to thirty and even a greater number of beats. A transient examination may not only fail to detect such intermissions, but is in general quite insufficient for obtaining a satisfactory view of the precise character of the pulse. All conversation should be forbidden, both on the part of the patient and the attendants. In certain affections, and when the system is under the influence of certain remedial agents (as *digitalis*), it will be proper to examine the pulse in different positions of the patient's body ; namely, in the recumbent, sitting, and standing postures. This is particularly useful in certain organic affections of the heart. There is, perhaps, no department of symptomatology in which a high degree of proficiency is so seldom met with among physicians, as that which relates to the morbid manifestations of the pulse. Many seem to think that the only modifications of the pulse, which are worthy of particular attention, relate to its frequency, fulness, hardness, tension and regularity. There are various other states of the pulse, however, which, though not easily described, communicate to the experienced and diligent observer, definite and important views concerning the pathological conditions with which they are associated. The ancients, and even some of the moderns, undoubtedly carried their refinements and pretensions, in relation to this subject, to an absurd extent. It is not improbable, however, that among much useless rubbish, which in the progress of our science has been swept away, concerning the *organic* pulses, as they were called, some valuable facts and principles were included, which might be advantageously revived. Be this as it may, a faithful attention to the morbid states of the pulse, with diligent and well-directed efforts to obtain definite conceptions of its various modifications, and to associate them with their respective pathological conditions, will, in general, result in the acquirement of a precision and readiness of discrimination, and accuracy of diagnostic application, which few who have not made the pulse a particular object of study and observation can well conceive or credit. 5. Having ascertained the condition of the pulse, the attention should be particularly directed to the organ or part in which the primary or essential malady appears to be seated. Inquiry must next be directed to those structures or organs, which are known to hold the most intimate sympathetic relations with the part or organs principally affected. Thus, if the patient complains of much pain or of other unpleasant sensations in the head, after having obtained a circumstantial account of the cephalic symptoms, the examination should be directed to the state of the *alimentary canal*. Again, if there is a fixed pain in the lumbar region, the important question whether the pain be located in the kidneys, or in some neighboring structure, may in general be readily settled by attending to the condition of those organs with which the kidneys sympathize most strongly ; namely, the stomach, the ureters and the testes. If there is retraction of the testes, pain shooting down along the ureters, with nausea and vomiting, the fact of its being a renal affection may be regarded as sufficiently ascertained.

In the investigation of diseases, it should be recollected that the prominent and most annoying symptoms are by no means always located in the part where the primary and actual malady is seated. A slight inflammatory affection at the origin of a spinal nerve, not unfrequently manifests itself by severe and protracted pain in some remote part of the body ; as in the chest, the abdomen, or the inferior extremities. When, therefore, a fixed pain is unattended with any other manifestations of disease in the part ; when there is neither inflammation, nor soreness or tenderness to pressure, we may presume that the primary affection, upon which the disease depends, is located in some other part of the body, and on proper inquiry it will perhaps be found to be seated at the spinal origin of those nerves which are distributed to the structure in which the pain is felt. To ascertain whether this be the case, firm pressure must be made on each of the spinous processes of the vertebral column. If, in passing successively from one spinous process to another, the patient flinches and complains of pain in one or more vertebræ, it may be inferred that the source of the painful affection is probably seated at the root of the nerves which pass out from that part of the spine.

Many diseases, which appear to be of a general character, consisting seemingly in mere functional derangement, are nevertheless intimately connected with obscure and frequently very serious local affections. The diagnosis, in such cases, is generally extremely difficult. In some instances, a probable opinion as to the existence, seat and character of such obscure and local affections, can be formed only by taking into view the effects of certain remedies and the nature of the exciting causes, in connection with the actual symptoms and general progress of the malady. Inflammation of some portion of the mucous membrane of the alimentary canal often attends general diseases, with manifestations so slight and inconspicuous, as sometimes to escape the notice of even attentive observers. In relation to the diagnosis on this point, especial attention must be paid, in the examination of the symptoms, to the appearance of the tongue, the condition of the alvine evacuations, the effects of firm pressure on different parts of the abdomen with regard to the sensations which it excites, the state of the skin, and, if the malady is of a chronic character, the temper and condition of the mental faculties. It should be particularly noticed whether the surface of the tongue is red, and of a granular or smooth appearance ; whether irritating and solid ingesta give rise to pain and distress in the stomach, or tormina in the bowels; whether pressure on any part of the abdomen gives rise to pain or a feeling of soreness ; whether the skin in connection with these symptoms be dry, harsh and contracted, and whether the temper is morose, gloomy, taciturn and irritable. The particular application of these phenomena will be fully illustrated in a subsequent part of this essay.—*Western Medical Gazette.*

APPLICATION OF CAOUTCHOUC TO SURGICAL PURPOSES.

BY DR. R. RICHARDSON, OF WELLSBURG, VA.

Among the many improvements introduced of late years into the practice of surgery, no one, perhaps, is more conspicuous, than that in relation to the treatment of wounds. Instead of cramming them with tents or syndons, and other irritating foreign bodies ; instead of introducing into them stimulating balsams, or applying escharotics, as was formerly the custom, causing severe and protracted sufferings to the patient, and occasioning a large and unseemly scar, the simple and rational mode is now adopted of bringing the separated parts together, and uniting them by the first intention. How much does not the profession owe to the immortal Hunter, for those doctrines upon which is founded a practice so natural and so beneficial !

This mode of treatment having obtained in all cases of wounds, except a few attended by peculiar circumstances, and it being universally conceded, that if the sides of a wound be properly brought into contact, and carefully retained there, they will form the most perfect union, with the least possible deformity, it becomes important to decide what means are calculated to effect this object in the best manner. Two kinds of sutures have been chiefly employed for this purpose ; one, formed by passing a needle armed with a ligature through the edges of the wound, called the " bloody suture " (sutura cruenta), because blood followed the needle ; and the other formed by two slips of adhesive plaister, applied on each side of the wound, and in a line with it, each having a broad selvage, which being joined together by sewing with a common needle, constituted the " dry suture " (sutura sicca), a title which has been improperly bestowed by many upon the common application of adhesive strips, where no sewing is used. Latterly, however, every kind of suture has given place to strips of adhesive plaister, supported by compresses, and an uniting bandage, except in a few cases, as the harelip, &c., in which experience has hitherto decided in favor of the twisted suture. And there can be no question but that the adhesive plaister has deservedly superseded the suture, and that it affords the best means yet devised of promoting the union of parts by the first intention.

It occurred to me, however, some time ago, that a considerable improvement might be made in the manner of its application. I ſound it to be somewhat difficult, or indeed impossible, with the common adhesive strips, to retain accurately in contact the edges of those wounds by which the muscular fibre was divided transversely, or which occurred in parts where some degree of motion could not be prevented. This was the case particularly in wounds of the ſace, where, too, it was very desirable that the most perſect union of the edges should be obtained, in order to obviate the deformity of an extensive scar. I ſound it difficult to effect this : 1st. Because, with a good assistant, which can seldom be obtained, to keep the edges of the wound together while you apply the strips, you cannot bring them sufficiently close. 2nd. Because the natural elasticity or contractility of the divided parts, or a slight degree of motion, occasioned a partial separation or retraction of the edges, even when you at first succeeded in applying them closely to each other ; and 3d. Because the oozing ſrom the wound, by penetrating and moistening the linen upon which the plaister is spread, rendered the strips less adhesive.

Considering the great obstacle to be the textural contractility of the parts divided, the thought suggested itselſ to me, *that iſ, instead of linen, the adhesive plaister were spread upon some elastic substance, which would admit of being applied in a state of tension, so that its elasticity being made to act in a contrary direction, might thus oppose and counteract that of the divided parts*, the difficulty would be removed.

The only substance which presented itselſ as capable of this application, was CAOUTCHOUC. I spread adhesive plaister, accordingly, upon a small sheet of it, and made the experiment. The result was highly satisſactory, and the desired object completely attained. I ſound that it rendered the aid of an assistant entirely unnecessary, as by first laying down one end of the strip, then making the necessary extension immediately over the wound, and laying down the other end, the edges of the wound were drawn together with the greatest accuracy, and with a ſorce so gentle, and so well applied, as not to occasion the least pain. In bringing the edges together with the fingers, we always give considerable pain, as we cannot act without making some degree of pressure upon the wounded parts. I ſound, also, that as the caoutchouc kept up a constant traction, the tendency of the edges to separate was continually counteracted, and motion could effect no displacement, while the plaister continued to adhere. I discovered, too, that it adhered much better, ſor the caoutchouc not being affected by the discharge or oozing ſrom the wound, retained its situation, where the common strips would have become more or less loosened.

Upon the whole, ſrom the trials I have made, I think this application of the mechanical properties of this singular article deserving of attention. When the lips of a wound are not kept perſectly in contact, that inosculation of the vessels necessary to union by the first intention, becomes more difficult ; and although it is true that the effused blood becomes a connecting medium between them, and enables them to unite in this manner, unless too widely separated, yet the least degree of separation, amounting in ſact to a loss of substance, requires a greater exertion of the powers of nature, and causes a larger cicatrix. It is, therefore, highly important that the edges of wounds should be brought together as accurately as possible, in endeavoring to unite them by the first intention. For this purpose, I am convinced the method here recommended will be found superior to any hitherto employed, bringing the edges of the wound more perfectly together without pain, retaining them constantly in their proper situation, and effecting a cure without a scar.

I have only to add, that the caoutchouc is susceptible of being made into sheets of any required thickness or size, and is now, indeed, employed to cover tables.—*Ibid.*

EFFECTS OF TARTARIZED ANTIMONY IN DILATING THE OS UTERI.

BY JOHN LANGLEY, ESQ., SURGEON.

At three o'clock, P. M., of Friday the 21st ult., I was called to attend a young woman of plethoric habit and rigid fibre, 21 years of age, in labor with her first child. I was then informed she had been suffering severe pains during the day, which having increased in intensity and frequency, her attendants deemed it necessary to send for me. On visiting her, I found she had pains of such unequivocal character, occurring every five or six minutes, that induced me to press an examination per vaginam, believing, from their nature, the labor must have progressed to an advanced stage; but, to my surprise, I found the os uteri with difficulty admitting my finger, extremely rigid and unyielding, the fœtal head presenting, and pressing firmly upon it; the pelvis sufficiently capacious; the bowels had been frequently and freely evacuated; but she experienced a most distressing inclination to pass urine, without the power. Accompanying this state, there was a hard and frequent pulse, dry tongue and hot skin. To relieve the insupportable suffering from obstructed micturition, with difficulty I drew off rather more than a pint of urine, which so far gave relief; still the apparent, and no doubt real, suffering of my patient was excessive, the pains assuming a more than ordinary violent character. I determined forthwith to bleed her freely, which proposition panic-struck her mother and self, both of whom positively and resolutely refused a compliance with my wishes, and in such a manner as rendered a perseverance unavailing, notwithstanding I described, in strong terms to both, the risk they incurred from such contumacious conduct. In the hope of inducing a relaxation of the contiguous parts, I threw into the rectum four injections of thin warm water gruel, at intervals of about an hour; still the same relentless rigidity of the os tincæ, and all the parts concerned in parturition. Reflecting upon the relaxation which supervenes upon the spontaneous vomiting which so frequently occurs, from sympathetic gastric irritation, during the last stage of uterine dilatation, I thought myself justified in anticipating, or rather imitating, nature in her operation, and decided upon giving small doses of tartarized antimony, which I did in quantities of one-sixth of a grain every twenty minutes in a little gruel, unconsciously to my patient. The second dose produced considerable nausea and gentle diaphoresis; and, upon again examining, I found the os uteri in a more favorable state. I gave a third and fourth doſe, the latter of which excited vomiting, accompanied with profuſe perſpiration. From this moment an unuſually rapid dilatation of the os uteri took place; the head deſcended upon the perinæum, and the external parts yielded moſt favorably to the paſſage of the head, and my patient gave birth to a fine living child at nine o'clock.

I do not heſitate to affirm, from analogy in ſimilar caſes, that many hours of ſuffering and anxiety were ſaved to my patient, and which I alone attributed to the effect produced upon the muſcular ſyſtem by the adminiſtration of the antimonial.

London Medical and Surgical Journal.

EXTRACTION OF FOREIGN SUBSTANCES FROM THE EAR.

To the Editor of the Boſton Medical and Surgical Journal.

Sir,—The notices of "Intra-Auricular Lithotrity" and other methods of extracting foreign ſubſtances from the external meatus of the ear, recently publiſhed in your Journal, remind me of an ingenious method employed ſome time ſince, in a caſe of this kind, by **Mr. Eli Whitney Blake**, a ſcientific mechanic of this town.

In 1829, a child about three years old, living in Whitneyville, in the neighborhood of the extenſive gun-manufactory ſuperintended by the Meſſrs. Blakes, crowded into the ear a ſmall ſtone, which in the courſe of ſix or eight days produced ſevere irritation and inflammation. The extreme ſoreneſs of the ear, and the violent reſiſtance made by the child, appeared to forbid the ordinary methods of operating.

It occurred to Mr. Blake that ſomething might be faſtened to the ſtone, by means of glue or ſome other adheſive ſubſtance, by which the ſtone might be extracted. Several different preparations were tried without ſucceſs—owing to the difficulty of drying theſe preparations in the humid cavity of the ear, ſufficiently to afford a proper degree of tenacity. He then ſelected a ſtrong ſolution of Gum Shellac in Alcohol —conſidering that the volatility of alcohol rendered it preferable to water, as a ſolvent for this purpoſe. A ſmall portion of cotton was tied into a knot, with a ſtrong thread, and faſtened to a piece of quill, a little more than an inch long, by paſſing the ends of the thread through the hollow of the quill. The cotton was then charged with the ſhellac ſolution, and introduced againſt the ſtone, where it was allowed to remain more than twenty-four hours; and, in order to haſten the evaporation of the alcohol, hot air was occaſionally blown into the ear with a bellows—a diſh of burning coals being held under the valve of the bellows. The plan was ſucceſsful, and occaſioned ſcarcely any pain. From the ſwelling of the parts, the ſtone had become very firmly impacted within the ear, and conſiderable force was required to extract it. The tenacity of the ſubſtance employed was, however, abundantly ſufficient; as the ſtone, after extraction, was found adhering to the inſtrument with a force ſufficient to raiſe twenty or thirty ounces.

Yours, &c. **Charles Hooker, M.D.**

New Haven, June 14, 1834.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 25, 1834.

TYPHA.

We find it noticed in one of the Journals that the Typha, or the down produced by the female flowers of the water-flag, has been found a useful application in burns. We shall give some of the reported cases, from which it might be inferred, that as a mild, unirritating, absorbent substance, this does not yield to any which has been employed for this purpose.

Case I.—A child, ten years of age, burned his left arm while handling a vessel filled with rich soup. The boiling liquid threw itself between the clothing and the skin, and when the patient was undressed, the epidermis detached itself through the whole extent of the upper third of the internal part of the limb. Half an hour after the accident, the pain was excessively severe ; the hand and the two lower thirds of the fore arm exhibited intense erythema ; in the superior third was seen excoriation, the epidermis having been removed together with the clothing. The injured parts were enveloped with the typha down, and the whole covered with a large compress kept in place by a loosely rolled bandage. The pains completely disappeared at the end of a quarter of an hour.

Next day the patient was still free from pain. The dressing, filled with a large quantity of serous fluid, was removed, and the limb was found in the following state. The hand exhibited no inflammation; a blister about two inches in diameter, containing a brown coagulated serum, had shown itself during the night above the wrist ; the whole limb was swollen, tender to the touch, and the inflammatory swelling extended to the middle of the arm. The blister was opened, but not completely emptied, and the limb, with the exception of the hand, was surrounded with a suitable quantity of typha covered with several compresses. The next five days the dressings were repeated every 24 hours ; those removed were found much soaked with moisture.

The seventh day a consistent pus, of rather strong odor, traversed the down about the middle of the limb.

The eighth day the pus had collected in one cavity, from which it was forced by gentle pressure, and the opening covered with the down ; the inflammatory swelling had almost wholly disappeared. Six days after, the dressing was wholly dry and the compresses were not changed. The edges of the crust were loosened. Finally, on the 19th day, the crust, being attached only by a narrow pedicle, fell by its own weight. A regular cicatrix extended from the elbow to the wrist. There still existed a wound of small extent, but it was healed in a few days.

Case II.—The same month, a child aged three years, being in danger of falling, in order to save herself placed her right hand on a grate nearly red hot. The epidermis was immediately removed through the whole extent of the part which had been in contact with the hot surface. The child expressed a desire for some cold application. The hand was plunged in vinegar, which served only to increase the violence of the pain. When the patient was seen, an hour after the accident, there were no blisters untouched; the epidermis which was torn off was then replaced, the hand enveloped in the down of typha and rolled up in a bandage. It was then extended on a pallet of pasteboard to prevent the retraction of the tissues, so frequent in wounds of this sort. The pain was immediately appeased, and the dressing was not yet terminated, when the little patient had regained her usual gaiety, and was playing with the persons round her.

The second day, though the means prescribed had been neglected, there was neither pain nor inflammation, the dressing was moist, and was renewed with the typha only.

The third day the child was calm; the dressing being wet was covered with new down, without removing that which was already adherent. The sixth, the typha was not wet, and only the compress and bandage were changed. The eighth, a fetid odor exhaled from the apparatus. On lifting it, there was seen a reddish pus, which had raised up the crust formed by the typha, and had run toward the palm of the hand; it was gently wiped, and the typha introduced to close the opening.

The ninth day the odor was less strong. To ascertain whence the suppuration of the day before proceeded, a large part of the crust was raised and removed with the scissors; a red wound was seen occupying the ridge of the hand, and the dermis deeply destroyed. The nineteenth day, the crust, which on the preceding had held only by a narrow pedicle, was detached, and exhibited a firm red cicatrix; the hand, though cured, was still enveloped in down for some time to secure it from the cold.

The five following cases present no very peculiar circumstances.

Case VIII.—A child playing near a fire-place set fire to its clothes; the mother, running to its cries, pressed it in her arms to extinguish the flame, which immediately communicated to the sleeve of her robe, and consumed it. The mother had on the arm, and the child on the thigh, a burn of about equal size; but the former was the deepest. The lady obstinately refused to allow the typha to be applied to the child, but readily permitted its use in her own case. The consequence was, that her burn was completely cicatrized in three weeks, while that of the child required more than two months for its cure.

LONGEVITY OF MEDICAL MEN.

It is a common impression, and one which has received confirmation from examples which have been presented to us in this immediate vicinity, that physicians, as a body, attain to more than the average duration of human life—that the cares, the anxieties, and the vexations to which this profession are subjected, are in some measure compensated by an extension of their term of existence, beyond what is usually allotted to mankind. Here in this city, and before our own eyes, the instances of medical longevity have been sufficiently numerous to encourage this idea; and the single fact that the venerable Holyoke nearly attained the great age of 101 years, was of itself sufficient for the foundation of an hypothesis. It might indeed seem surprising that this should be the characteristic of a profession, the members of which are not as a body endowed with stronger physical powers than the average; a profession which dooms one to a most irregular vicissitude of toils and labor, and unprofitable rest; which wages an implacable warfare with all uniformity and regularity of habits; which interrupts, defers, and abridges the meals, breaks in upon the hours of sleep, and often leaves scarce time for the absolutely necessary attentions to the person; which makes it almost impossible to meet with proper measures the incipient stages of disease; which exposes to the inclemencies of the weather, both in season and out of season, by night and by day; which at once wearies the body with toil and the mind with anxiety; which in fine involves an alternation of excitement and depression, of delight and despondence, far beyond what belongs to the even tenor of any other occupation: that such a profession should be favorable to long life, would, if true, be not a little surprising. And in order to account for this apparent anomaly, various explanations have been devised, having more or less plausibility, though all falling much short of the object aimed at. It has, for instance, been attributed to the peculiarly philosophical habits of mind induced by the profession, the equanimity and calmness which its duties tended to produce and to foster; a view, which, however applicable to some, is far from being so to all, or even the greatest number. It has also been said that peculiar temperance was the secret of the longevity of physicians—a position which, for the honor of the profession, we should be abundantly willing to admit. Others have thought that the physician, by timely precaution and watching the first intimation of disease, was able to prevent its advancing to any serious extent in his own person; a kind of care which in fact he is less able to exercise than almost any one. And, finally, not a few have thought that the whole secret consisted in the Doctor having the prudence to beware of those doses with which he so liberally supplies his patients. Whatever influence, however, all or any of these circumstances may have in prolonging the life of physicians, it seems altogether unnecessary to resort to them, unless the simple fact that this profession enjoy a longer reprieve than others from the common doom of mankind, can be made apparent. Such is certainly not the result of inquiry among our medical brethren abroad. We have now before us a very able paper by Professor Caspar, of Berlin, published in the Berlin Medical Journal, which goes expressly to establish the contrary conclusion, and to show that while among divines 42 out of 100 reach the term of three score and ten, and among members of the legal profession 29 out of 100, the proportion of medical practitioners who attain that age is but 24 in 100, or less than one-fourth!

In order to furnish data on which to found just conclusions in regard to this matter, Professor Caspar has ascertained the period of decease of 624 individuals of the medical profession in Germany, and therefrom has constructed a table on the following principle. The table consists of four columns. The first contains a series of numbers, commencing with 23, the earliest age at which any decease is reported to have taken place, and extending to 92, which period no one of the 624 was destined to survive. The second column contains the number of deaths which took place at each of these ages, the sum of which completes the number 624. The third represents the survivors after the successive subtractions of the deaths, and the numbers in it go on diminishing from 624 to zero. The fourth represents in numbers the probable duration of life at each age, as deducible from the facts furnished by the table itself. The mode in which the numbers in this column are ascertained, is perfectly simple. It is done merely by counting off the number of lines to the period at which the survivors at the age in question, are reduced to one half. For instance, at 25 the subtractions have already reduced the number to 621.

One half of this number is 310 1-2. In looking along the table we observe that the nearest number above this, viz. 307, corresponds to the age of 59 years; that is, at the age of 59 years, the survivors at 25 are already reduced to one-half. Of course the age of 59 is that which the physician at 25 has an equal chance of attaining. In general terms, if m be the number of persons who have attained the age a, and at the age n the number is found to be reduced to $\frac{m}{2}$, n will express the probability of vital duration, and $n-a$ the number of years on which the individuals

A. Age.	B. Deaths.	C. Living.	D. Probable Life.	A. Age.	B. Deaths.	C. Living.	D. Probable Life.
23	2	624	35.4	58	10	317	11.0
24	1	622	34.4	59	17	307	10.6
25	4	621	35.4	60	12	290	10.3
26	3	617	33.0	61	15	278	9.7
27	7	614	32.0	62	14	263	9.0
28	5	607	31.4	63	19	249	8.8
29	5	602	30.1	64	20	230	8.5
30	5	597	29.8	65	11	210	8.0
31	11	592	28.6	66	18	199	7.5
32	8	581	28.0	67	6	181	7.2
33	11	573	27.6	68	16	175	6.5
34	11	562	26.8	69	9	159	6.0
35	8	551	26.0	70	17	150	5.5
36	7	543	25.5	71	11	133	5.4
37	8	536	24.7	72	15	122	5.0
38	14	528	24.0	73	14	107	5.0
39	8	514	23.5	74	13	93	4.7
40	9	506	22.7	75	10	80	4.6
41	11	497	22.0	76	9	70	4.4
42	6	486	21.3	77	8	61	3.9
43	8	480	20.3	78	10	53	3.3
44	8	472	19.7	79	4	43	3.0
45	11	464	19.0	80	11	39	3.0
46	4	453	18.2	81	6	28	4.0
47	14	449	17.3	82	3	22	4.0
48	11	435	16.7	83	3	19	4.0
49	12	424	16.0	84	2	16	4.0
50	13	412	15.4	85	3	14	4.0
51	8	399	15.0	86	2	11	3.5
52	11	391	14.2	87	—	9	2.6
53	10	380	13.5	88	2	9	2.0
54	18	370	12.8	89	4	7	1.5
55	14	352	12.6	90	1	3	0.5
56	13	338	12.4	91	2	0	0
57	8	325	11.9	92	—	0	—

Ages.	Deaths.	
	Physicians.	Divines.
23 to 32	82	43
33 — 42	149	58
43 — 52	160	64
53 — 62	210	182
63 — 72	228	328
73 — 82	141	255
83 — 92	30	70
	1000	1000

m may calculate. "Of course," says the Professor, "nothing can be predicated from the table respecting the probable duration of the life of any individual; but the general conclusions, as experience has proved, are nevertheless extremely certain."

We have already alluded to the calculation made by Professor C. respecting the comparative chances of life among physicians, jurists, and theologians. The latter table will show more particularly how the account stands between the first and last of these professions.

OSSIFICATION WITHIN THE MEDULLARY SUBSTANCE OF THE BRAIN.

At the late Convention of the Connecticut Medical Society, Dr. Asaph L. Bissell, of Suffield, exhibited a specimen of ossification, of a nearly spherical form and about three-fourths of an inch in diameter, which was found in the medullary portion of the brain. Dr. B. received from the Convention a vote of thanks for his statement of the case, with a request that the specimen should be deposited in the Anatomical Museum of Yale College. We hope that Dr. Bissell will favor us with an account of the case.

ENDERMIC APPLICATION OF MEDICINES.

This mode of applying medicinal substances, is, I think, too much neglected in this country. Cases often occur, from idiosyncrasy, or from accidental causes, in which certain medicinal agents cause very unpleasant sensations when taken into the stomach; yet when applied to the surface, they will produce their appropriate medicinal effects without any disagreeable consequences. The stomach, too, may be too irritable to retain the medicine; or the patient, from insuperable disgust, or disease of the fauces or œsophagus, may not be able without great and painful efforts to swallow. Under circumstances of this kind, decided benefit may sometimes be obtained from the external application of medicines. Four or five months ago, I attended a gentleman, who, from the imprudent use of mercury, was affected in a most distressing way. He could obtain no sleep—his bowels were obstinately constipated—the skin dry and harsh—pulse very variable, sometimes full and hard, but more frequently very small, frequent, and tense—countenance contracted and expressive of intense anxiety: at times, severe pain in the region of the heart, with paroxysms of strong palpitation—inordinate nervous irritability—frequent nausea, and occasional vomiting. It appeared to me that narcotics were decidedly indicated. I accordingly prescribed Dover's powder, in small but frequent doses. This medicine, however, caused very unpleasant feelings in the stomach, and its effects on the general system were far from soothing. Opium alone, was next resorted to, but with no better effect. It gave rise to a distressing feeling of sickness and pressure in the stomach, succeeded by painful and frequent vomiting. After many other means had been tried, such as purgatives, diaphoretics, and other antiphlogistic measures, without the slightest benefit, I resolved to try the effects of opium applied to the skin. The cuticle was removed by means of a blister from a circular space not exceeding an inch in diameter, and about two grains of the sulphate of morphia sprinkled on the denuded surface. In about two hours after this application, I visited my patient again, and was delighted to find him cheerful, declaring that he had slept soundly and comfortably for nearly an hour, and that he was free from all unpleasant sensations. His pulse was moderately full, round and soft; his countenance placid, and his skin warm and soft. Under the daily use of the sulphate of morphia, in this way, together with the constant employment of infusion of sarsaparilla, an occasional laxative composed of effloresced glauber salts and flowers of sulphur (two drachms of the former to one drachm of the latter for a dose), and a simple unirritating diet, my patient gradually regained his health.

I have repeatedly arrested the progress of intermittents in children, by a similar application of the sulphate of quinine. Indeed, I have generally found the endermic mode of employing this remedy as promptly efficacious as it usually is when taken into the stomach. By these observations, I do not, of course, pretend to offer anything that is new to the profession. Every medical practitioner knows that many of our medical agents may be efficaciously applied to the external surface; but I apprehend that this mode of employing remedies is often neglected, in cases where it might be resorted to with great propriety, and, doubtless, sometimes with very beneficial effects.—J. Eberle.

Western Medical Gazette.

CONSTIPATION CURED WITH THE STOMACH PUMP.

BY A. DAVIS, M.R.C.S.L.

The following case of severe constipation occurred in a robust elderly sailor, and had resisted, I believe, every attempt at relief,—bleeding, injections, warm-baths, croton oil, castor oil, elaterium, and blistering. I cured the patient by introducing the tube of a stomach-pump, two feet one inch in length, into the stomach, and working it in the usual manner, without causing pain or inconvenience to the man. On raising the piston the fourth time, it brought up fecal matter, and continued to do so till I had extracted more than a quart. On withdrawing the pipe, he was enabled to void his fæces per anum, and speedily recovered from a hastily approaching dissolution. I had introduced the largest-sized rectum bougie three times, without meeting with interruption to its passage, showing apparently that the cause of obstruction was beyond surgical reach.—*London Lancet.*

EXERCISE OF THE LEFT HAND.

The celebrated Mr. Hunter is represented by Sir Charles Bell to have said, "Give a part its natural use, and that use will be its stimulus to attaining perfection,"—an observation that seems consonant with practical experience; for there can be no doubt that the healthy exercise of any member of the human frame is highly conducive to the perfection of such member.

The deficiency of strength and activity in the left arm and hand compared with the right, is sufficiently illustrative of such an opinion. There is a much greater equality of efficiency between the two legs and feet, than there is between the two arms and hands, which arises from their more equal exercise. Such being the fact, I think it will be a public benefit if the old and singular custom of rearing children to the constant use of one hand, to the prejudice of the other, were totally abolished, and the alternate use of both in their various occupations universally substituted. The advantages derivable from such a regulation, connected with various circumstances and accidents, require no detail.—*Ibid.*

Scarlatina.—By Charles Gravenor. On the 10th of February I was requested to visit a child that was suffering from pyrexia and enlargement of the cervical glands; there was also desquamation of the cuticle. It was stated to have been ill for five or six days previously, and to have had soreness of the throat and redness of skin, from which there was no reason to conclude that the disease was scarlatina. On the 22nd I delivered the mother of this child of an infant, the term of utero-gestation not having been quite completed. On the 11th of March the new-born infant was attacked with scarlatina, the eruption being limited to the extremities. There was no affection of the throat. On the 16th desquamation occurred, accompanied by œdema, and at the same time hemorrhage took place from the lips, mouth, and nose, to a very great extent, under the continuance of which (the blood also escaping from different parts of the surface where desquamation had occurred) the infant sunk.
Ibid.

Tinea Capitis.—The Journal de Chimie Medicale, for November 1833, proposes the following cerate, for the purposes of detaching the scurf from the head and healing the scalp:—

R. Finely powdered charcoal, ʒi.
Calomel, ʒxi.
Hog's lard, ʒv. M.

Before using this, wash the head with a warm decoction of bark (either oak or Peruvian), and apply the cerate morning and evening.

Chronic Cough caused by Worms.—In the Royal Academy of Medicine, at Paris, a paper was lately read by M. Bousquet, giving account of a girl aged twelve years, who had been treated for pulmonary consumption. One day after having eaten of sallad, cucumbers, &c., a slight purging came on, by which two balls of worms, as large as a hen's egg, were voided, after which she lost her cough and was entirely well.—*Ibid.*

The Case of Ossification of the Arteries will receive early attention.

Whole number of deaths in Boston for the week ending June 20, 19. Males, 11—Females, 8.

Of dropsy on the brain, 4—consumption, 2—pleurisy, 1—infantile, 1—dropsy, 1—typhous fever, 2—accidental, 1—debility, 1—inflammation on the brain, 1—rheumatic fever, 1—cancer, 1—liver complaint, 1—teething, 1—dysentery, 1. Stillborn, 3.

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